Name in Full: Wilbert Baum

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: Garrett

Date of death: Month 12 Day 3 1904

Age: Years 2. Months — Days —

Sex: male Color or Race: colored Birthplace: Friendsville Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Baum Father's Birthplace: Md

Mother's Maiden Name: Youngerman Mother's Birthplace: Md

Name of person giving Information: John Baum How related to deceased: Father

CAUSES OF DEATH

Primary: Croup How long: 1 wk

Immediate: — How long: 1 wk

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. W. Bruce M.D.

Address: Oakland Md

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Charles W Boeden X Bolden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cokesbury; County: Harford

Date of death 190X: Month: Dec; Day:

Age: Years: 78; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Churchville

Married, Single or Widowed: Married; Occupation: Carpenter

Name of Wife or Husband: Mariah Bolden

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving information: D E Bolden; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senility; How long: 3 Months

Immediate: Exhaustion; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. C. Hollowell

Address: Cokesbury Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Phoebe Catherine Boyer

CERTIFICATE OF DEATH

MARYLAND

Died at: accident — Town — County: Garrett

Date of death 1904 — Month: Dec — Day: 30 — Age — Years: 59 — Months: 7 — Days: 24

Sex: Female — Color or Race: White — Birthplace: Accident

Occupation: Housewife — Where Residing if not at place of death: Accident

Married, Single or Widowed: Married — Name of Wife or Husband: Aaron Boyer

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Daniel Hineborough — Father's Birthplace: Pa

Mother's Maiden Name: Phebe Hineborough — Mother's Birthplace: Pa

Name of person giving information: H Russell Boyer — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis — How long: 6 days

Immediate: Peritonitis — How long: two days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H.R. Boyer M.D.

Address: Accident Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Jeremiah H Enlow

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sang Run; County: Garrett

Date of death 1904: Month: Dec; Day: 31; Age: Years: 71; Months: 4; Days: —

Sex: Male; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: married; Occupation: Farmer

Name of Wife or ~~Husband~~: Mary L Enlow

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Information: Mary L Enlow; How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ; How long: —

Immediate: Paralysis & Heart Failure; How long: Sudent

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~: S. Savage M Under

Address: Friendsville Md

Accident or ~~Suicide~~?

now Physician attending

LIBRARY BUREAU A88516

Name in Full: Cora Fike

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Friendsville — County: Garrett

Date of death 1904 — Month: Dec — Day: 26 — Age — Years: 22 — Months: 6 — Days: 19

Sex: female — Color or Race: white — Birthplace: Md

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Fike — Father's Birthplace: Md

Mother's Maiden Name: Laura B Spear — Mother's Birthplace: Pa

Name of person giving information: Thomas Fike — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: 1 year

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. J. Mason M.D.

Address: Friendsville Md.

Accident or Suicide? —

LIBRARY BUREAU A68516

Name in Full: Wm Denis Friend

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hoyes Run — County: Garrett

Date of death 190/: Month: Dec — Day: 14. — Age: Years: 21 — Months: 9 — Days: 28

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: Laberer

Name of Wife or Husband:

Father's Name: Stphen W Friend — Father's Birthplace: Md

Mother's Maiden Name: Mary M Denis — Mother's Birthplace: Md

Name of person giving In formation: Stphen W. Friend — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sores Lucitory obtained — How long:

Contributory: Died from Disease as Cause

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. E. Legg

Address: Deerlick Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Drury Clinton Green

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fish No 11 — County: Garrett

Date of death	Month	Day	Age: Years	Months	Days
1904	Dec	1	—	5 —	18

Sex: Male — Color or Race: White — Birthplace: Garrett Co —

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Frank Green — Father's Birthplace: Laurel Mun

Mother's Maiden Name: Ellen Eliza Clark — Mother's Birthplace: Laurel Mun

Name of person giving In formation: Mary Brennan — How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Scarlet Fever — How long: 11 days

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas. O. Bullock M. D.

Address: Lonaconing Md

Child not seen by Physician

Accident or Suicide? no —

LIBRARY BUREAU A88816

Name in Full: Carrie Corinna Minnick

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Johnsons — County: Garrett

Date of death	Month	Day	Age: Years	Months	Days
1907	12	15	1	8	

Sex: Female — Color or Race: White — Birthplace: Johnsons

Occupation — Where Residing if not at place of death

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Julius Minnick — Father's Birthplace: Middlethian

Mother's Maiden Name: Mary Blocher — Mother's Birthplace: Shad Mills

Name of person giving Information: Julius Minnick — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sickle about 15 or 20 minutes — How long

Immediate: dont- — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible]

Address: Johnsons Mines

Accident or Suicide?

LIBRARY BUREAU A89316

at Johnsons

Candy -

Sandy C

Name in Full: Cyrus H. Shreve

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Deer Park — County: Garrett

Date of death 1904 — Month: Dec — Day: 6 — Years: 62 — Months: 7 — Days: 12

Sex: Male — Color or Race: White — Birthplace: W. Va.

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Emily M. Holloway

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving information: Scott Shreve — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General debility — How long: 2 years

Immediate: La Grippe — How long: 6 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G L Linniger

Address: Deer Park, Md.

Accident or Suicide? None

LIBRARY BUREAU A83316

Name in Full: Floyd Thompson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Friendsville — County: Garrett

Date of death 1904 — Month: Dec — Day: 31 — Age — Years: — Months: — Days: 28

Sex: Male — Color or Race: white — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: John. B Thompson — Father's Birthplace: Pa

Mother's Maiden Name: Lillie L Friend — Mother's Birthplace: Md

Name of person giving In formation: John. B Thompson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 77 — How long

Immediate: Spasms — How long: Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Mason MD

Address: Friendsville Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: James Truly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland — County: Garrett

Date of death: 190 4 Dec — Month — Day: 15 — Age: about 50 years — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Hotel Porter — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Bessie Truly

Father's Name: Eby Truly — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: 95 — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 5 days

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J E Leggs

Address: Oakland Md

Accident or Suicide?

LIBRARY BUREAU A6667S

Name in Full: Baby Upperman X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deal's County: Garrett

Date of death 190 4: Month: Dec Day: 2 Years: Age ✓ Months: 10 Days:

Sex: Female Color or Race: White Birthplace: Maryland

Occupation: (✓ Where Residing if not at place of death: ✓

Married, Single or Widowed: ✓ Name of Wife or Husband: ✓

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo Upperman Father's Birthplace: Md

Mother's Maiden Name: Rightsman Mother's Birthplace: Pa

Name of person giving information: How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Neglect How long: 153

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. E. Legge

Address: Deals Md

Accident or Suicide?

LIBRARY BUREAU A88816